

# WEST VALLEY CITY BUILDING PERMIT APPLICATION

For questions call #801-963-3283

<b>Date of Application:</b>				<b>DATE ISSUED</b> /    /		<b>PERMIT #</b>											
<b>Type of Construction:</b>				Building sqft:		Valuation \$											
<b>Address:</b>				Rough Basement sqft:		Building Fee											
				Finish Basement sqft:		Plan Review Fee											
<b>Lot #</b>		<b>Subdivision</b>		Carport sqft:		Subtotal											
Unit #		Bldg #		Garage sqft:		- Plan Deposit											
Space #		Mobile Home Park		Porch sqft:		Electrical Fee											
Parcel #				Type of Bldg:	Occupancy Group:	Mechanical Fee											
<b>Commercial Project Name:</b>						Plumbing Fee											
<b>email:</b>				# of stories      # of bedrooms		Reinspection Fee											
<b>PROPERTY OWNER:</b>				# of dwellings      # of bldgs.		Demolition Fee											
				Type of Constr:    frame    brick		Fast Track Fee											
<b>Address:</b>				_____ block _____ concrete _____ steel		Engineering Fee											
<b>City/zip:</b>				Maximum Occupant Load:		Investigation Fee											
<b>OWNER/BUILDER: yes _____ no _____ Phone #</b>				Fire Sprinkler:    yes _____ no		Fire Dept. Fee											
<b>ARCHITECT:</b> Phone#				Bond Required:    yes _____ no		P/Z Review Fee											
<b>Address:</b>				Company Paying Bond:		P/Z Impact Fees											
<b>GENERAL CONTRACTOR:</b>						State Fee											
				Federal Tax I.D.#		Tech Fee											
<b>Address:</b>						Bond Amount											
<b>City/zip:</b>				Plan Deposit \$		<b>TOTAL</b>											
<b>Phone #</b>		<b>State License #</b>		<b>Department Approvals</b>		<b>Required</b>	<b>Approved</b>										
<b>ELECTRICAL CONTRACTOR:</b>				Fire Department													
				Water & Sewer Improvement District													
<b>Address:</b>				Public Works													
<b>City/zip:</b>				Health Department													
<b>Phone #</b>		<b>State License #</b>		HIGH WATER TABLE:      yes _____ no													
<b>PLUMBING CONTRACTOR:</b>				If YES, read the following: Due to high water table, footing elevations must be verified by contractor with transit at time of footing inspection OR leave a string stretched level from street curb to read exterior wall footings.													
<b>Address:</b>				MAXIMUM allowable footing depth:      below top of street curb.													
<b>City/zip:</b>				Comments:													
<b>Phone #</b>		<b>State License #</b>															
<b>MECHANICAL CONTRACTOR:</b>																	
<b>Address:</b>				Plan Name & #:													
<b>City/zip:</b>																	
<b>Phone #</b>		<b>State License #</b>		This residential plan design is approved for all location in West Valley City which have been designated in accordance with section 1613 of the 2009 International Building Codes as seismic design category:      Approval:      Date:													
Previous usage of land or structure (past 3 years):				This application does not become a permit until signed below													
TYPE OF IMPROVEMENT/KIND OF CONSTRUCTION: _____ sign    _____ new bldg.    _____ remodel    _____ addition _____ repair    _____ move bldg.    _____ convert use    _____ demolish				Plan Check approved by:      Date													
SUB-CHECK: ZONE _____				Signature of approval:      Date													
Zone Approved by: _____ Date _____				This permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.													
Disapproved by: _____ Date _____				Print Owner/Contractor or Authorized Agent Name													
<div style="text-align: center;">MINIMUM SETBACKS IN FEET</div> <table border="1" style="width: 100%;"> <tr> <td>TBC</td> <td>Pline</td> <td>G. Side</td> <td>Side</td> <td>Rear</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				TBC	Pline	G. Side	Side	Rear						Signature of Contractor or Authorized Agent      Date			
				TBC	Pline	G. Side	Side	Rear									
Signature of Owner      Date																	
Comments:																	